DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) Attor First Attor Attor And Attor Appli

Attorney Docket

First Named Inventor

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

Declaration
Submitted OR Submitted after Initial
with Initial
Filing (37 CFR 1.16(e))
Required)

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
Robotic Apparatus and Wireless Communication System										
(Title of the Invention)										
the specification of which										
is attached hereto OR										
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to di	sclose infor	mation	which is material to pa	entability	as define	ed in 37 CFR 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Priority Prior Foreign Flling Date Not Certified Copy Attached?									
Additional foreign appli hereto:	cation numb	ers are	listed on a supplemen	tal priority	/ data she	eet PTO/SB/02B attached				
I hereby claim the benefit under 35 U.S.C. 119(e) of any United states provisional application(s) listed below.										
Application Number	(s)	F	iling Date (MM/DD/YY	YY)						
Additional provisional application Numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.										





DECLARATION — Utility or Design Patent Application

designating the Unit not disclosed in the 112, I acknowledge	ed State prior Un the duty	nder 35 U.S.C. 120 of any Unit es of America, listed below and ited States or PCT internation to disclose information which in date of the prior application an	d , insofar as al applicatio is material to	the subject n n in the mann patentability	natter of e er provid as define	each o led by ed in 31	of the claim the first pe 7 CFR 1.5	ns of this a gragraph o 6 which be	pptication f 35 U.S.C came	is :.			
U.S. Parent Application or PCT Parent Number				Parent filing Date (MM/DD/YYYY)					Parent Patent Number (if applicable)				
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Additional U.S hereto.	S. or PC	T international application num	nbers are lis	ted on a supp	lemental	priori	ty data she	et PTO/SI	B/02C atta	ched			
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Connected therewith: Customer Number OR Registered practitioner(s) name/registration number listed below PATENT & TRADEMARK OFFICE													
	Na	me		stration mber				Name					istration umber
Rochelle Liebe	rman	, Esq.		39,276									
Additional regist hereto.	ered pr	actitioner(s) named on supple	mental Regi	stered Practit	ioner Info	ormati	on sheet P	TO/SB/02	C attache	d			
Direct all correspond	ence to	: Customer Number or Bar Code Labe		300	11		OR	Corresp	ondence a	address 	belo	w	
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City	Gaith	nersburg					State	MD		Zip	:	20878-22	52
Country	Unite	ed States of America		Telepho	ne 3	301-948-7775 Fax					301-948-7774		
belief are believed to like so made are pun	be true; ishable	ments made herein of my own and further that these stateme by fine or imprisonment, or bol application or any patent issue	nts were ma h, under 18	ade with the kr	nowledge	e that v	villful false	statement	s and the				
Name of Sole o	or Fir	st Inventor:					A petition	on has bee	en filed for	this uns	signe	d inventor	
Given Name (first and middle [if arry]) Family Name or Surname													
Corinna E. Lathan													
nventor's Signature		(1-8	C1 - 9 - W			Da					Date	ə <i>ləьlo</i> ə	
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Additional inve	ntors a	re being named on the 2 St	polemental	Additional Inv	rentor(s)	sheet/	s) PTO/SE	3/02A Atta	ched here	to.			







DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3_ Of 4_

Name of Addi	tional Joint Inventor, if a		A petition has been filed for this unsigned inventor									
Give	en Name (first and middle (if anyl)			Family Name or Surname								
	Michael R.	_		Tracey								
nventor's Signature				Date								
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Post Office Address					<u>,</u>	·	_					
City	Hillsborough	State	M	Zip	08844	Country	บร	SA .				
Name of Addi	tional Joint Inventor, if a	ny:			A petition has b	een filed for this	uns	igned inven	tor			
Given	Name (first and middle [if any])				Fan	nily Name or Sum	ame	<u> </u>				
	Jack M.			_		Vice						
nventor's Signature	ME		<u>/</u> _	<u> </u>	•			Date				
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Post Office Address			_						-			
City	Glenndale	State	MD	Zip	20769	Country	US/	\				
Name of Addi	tional Joint Inventor, if a	ny:			A petition has b	en filed for this unsigned inventor						
Given	Name (first and middle [if any])			Family Name or Surname								
	Allison			Druin								
nventor's Signature	WIL	\mathcal{I})_	<u>. </u>				2/24/ ate	عا			
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Post Office Address	ess 4106 Clagett Street											
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City	Hyattsville	State	MD	Zip	20782	Country		USA				





DECLARATION					ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>4</u> Of <u>4</u>						
Name of Add		A petition has been filed for this unsigned inventor									
Given Name (first and middle [if any])				Family Name or Surname							
				Plaisant							
nventor's Signature	Xas.M.	Shue	~	Date 2							
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City	University Park	State	MD	Zip	20782	Country	USA				
Name of Add	litional Joint Inventor,	if any:			A petition has be	een filed for this	unsi	gned inven	itor		
Give	n Name (first and middle [if a	ny])		Family Name or Sumame							
Inventor's Signature				<u> </u>				Date			
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Post Office Address								_			
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City		State		Zip		Country					
Name of Add	ditional Joint Inventor,	if any:			A petition has b	een filed for this	uns	igned inver	ntor		
Give	en Name (first and middle [if a	any])		Family Name or Surname							
Inventor's Signature				<u>. </u>				Date			
Residence: City		State		Country							
Post Office Address				_			_				
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City		State		Zip		Country			-		



Supplemental Additional Inventor(s) Shoot PTO(SB/02A (3/97)

DI	ECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 Of 4									
Name of Additional Joint Inventor, If any: A pellion has been fied for this unsigned inventor											
Give	Family Name or Surreme										
		-	Tracey								
inventor's Signature	1120			Date 2/2.7/							
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Name of Addit	ional Joint Inventor, if a	ny:		•	A petition has b	een filed for this	sunsigned lave	ntor			
Given	Name (first and middle (if any))				Fan	nily Name or Sur	name				
	Jack M.			Vice							
nventor'a Signature			۰:. , <u>-زن</u>								
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Given	Name (first and middle [if any])			Family Name or Sumame							
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nventor's Signature						Date					
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